

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

Application or Docket Number
. J
al_{2}

9/227213

CLAIMS AS FILED - PART I								SMALL	ENTITY		OTHE	R THAN	
(Column 1) (Column 2)						7	TYPE		OR		ENTITY		
FOR NUM			NUMBE	ER FILED		NUMBER	EXTRA		RATE	FEE		RATE	FEE
BASIC FEE							380.00	OR		760.00			
T	OTAL CLAIMS	-		20 minus	20≃	*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS 2 minus 3 = *					X39=		OR	X78=	ļ ———				
M	JLTIPLE DEPE	NDENT CL	AIM PI	RESENT]	+130=		1		1
* If the difference in column 1 is less than zero, enter "0" in column 2						1 L			OR	L	77.0		
	CLAIMS AS AMENDED - PART II								TOTAL	<u> </u>	OR	TOTAL OTHER	760
		(Colun	nn 1)		(C	olumn 2)	(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAI REMAII AFTI AMENDI	NING ER		PR	HIGHEST NUMBER IEVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*		Minus	***		=		X39=		OR	X78=	
	FIRST PRESE	NIAHON	OF ML	JLTIPLE DE	PEND	ENT CLAIM		!	+130=		OR	+260=	
								L	TOTAL		4	TOTAL	
			4.					A	DDIT. FEE		OR	ADDIT. FEE	
		(Colum				olumn 2) IIGHEST	(Column 3)	-					
AMENDMENT B		REMAII AFTE AMENDI	ER		PR	NUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*		Minus	/***	51.75.01.411.4	=		X39=		OR	X78=	·
	FIRST PRESE	MATION	OF MU	ILTIPLE DEF	END	ENT CLAIM			+130=		OR	+260=	
								L	TOTAL			TOTAL	
		(Colum	n 1)		(Co	olumn 2)	(Column 3)	AL	ODIT. FEE I		,	ADDIT. FEE	
AMENDMENT C		CLAIN REMAIN AFTE AMENDA	NING,		PRI	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* -		Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*		Minus	***		=	t	X39=		F	X78=	
	FIRST PRESE	NTATION	OF MU	LTIPLE DEF	PEND	ENT CLAIM		\vdash			OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+130=		OR	+260=		
***	f the "Highest Nur If the "Highest Nu	mber Previo	ously Pai ously Pa	d For" IN THIS id For" IN THI	S SPAC	CE is less thar CE is less thar	20, enter "20." 3, enter "3."	A D	TOTAL DIT. FEE		OF. A	TOTAL DDIT. FEE	
•	The "Highert Num	her Province	iely Daid	For (Total of	Indon	andont) in the	highaat aviant	. 	d I Ab				(

It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:		91	227213	
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FORM OIPE-RAM-01 (Rev. 12/97)

Total Fee Calculation

	Fee Code	Total . # Claims	Number Extra	х	Fee	Fee = Total
	Sm/Lg.				Sm. Entity	Lg. Entity
Basic Filing Fee	201/101					760 =
Total Claims >20	203/103	20 -20 =		x		
Independent Claims >3	202/102	<u>2</u> -3=		x	-	=
Mult. Dep Claim Present	204/104	•			,	· <u> </u>
Surcharge	205/105	• •				130 = 1
English Translation	139					. * - <u>*</u>
TOTAL FEE CALCUL	ATION .					890
Fees due upon filing	the application	•				••
Total Filing Fees Du	e = ' \$	890)			
Less Filing Fees Sub	mitted -\$_	· Ø		· ——	·	
BALANCE DUE	= \$	890)			
Office of Initial Pate	Mul nt Examination	<u></u>	-			